

FORREST JOY PINKERTON

THE WATUMULL FOUNDATION ORAL HISTORY PROJECT

Forrest Joy Pinkerton

(1892 - 1974)

The late Dr. Pinkerton was a prominent eye, ear, nose and throat specialist who came to Hawaii in 1917 when, as an officer in the United States Army medical corps, he was assigned to Schofield Barracks.

In 1920, he entered private practice in the Alexander Young Hotel Building and joined the staff of Queen's Hospital. He was responsible for establishing the Blood Bank of Hawaii in 1940 and for achieving the organization's independent status. From 1920 until 1950, Dr. Pinkerton headed the EEN&T staff that treated Hansen's disease patients at Kalaupapa.

Among his many honors and awards, Dr. Pinkerton received personal citations from Presidents Roosevelt, Eisenhower, Johnson and Nixon.

Dr. Pinkerton discusses his medical career and experiences, particularly those associated with Kalaupapa and the Blood Bank.

Lynda Mair, Interviewer

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INTERVIEW WITH FORREST JOY PINKERTON

In his office at Queen's Medical Center, Honolulu 96813

Sometime in 1971-72

P: Forrest J. Pinkerton

M: Lynda Mair, Interviewer

M: I went through all of the notes and I got a pretty good idea, I think, of the facts. I wonder if we could start like in 1917 when you first came here to Schofield Hospital. If you could tell me something about your impressions of Honolulu, what kind of things you did, your experiences at Schofield.

P: Well, after I had made some overseas transport duty in the Far East, including all the principal countries that the transport called at, including China, I was released from transport duty and sent to Schofield Hospital at Schofield Barracks and assigned to the eye, ear, nose and throat service. I was the Chief of Service there. Also, I had the advantage of having been given training in this overseas kind of duty as a medical officer and also as a line officer of the military service. So I had the advantage of post-graduate training, as it were, or specialized training, as it were, of both the lay attitude on medicine and the actual military mechanism as applied to medicine in military hospitals.

I stayed there throughout until about the end of 1917. I should mention that in that stay I was assigned to a duty at the Schofield installation of inspector of all of the foodstuffs that came onto the military post. That had to do with the vegetables and the fruit and the milk and all of that.

About five or six months after I arrived there they had an epidemic of typhoid fever, which was a very disgraceful thing in the military because they have such strict, rigid controls over epidemics of that kind, and I was suspect as having been incompetent to do the job. The colonel called me in to tell me that right under my nose I was allowing this thing to happen and he wanted me to explain it but he removed me from that duty. And in the course of their investigations, the typhoid cases kept

cropping up in sporadic spots, rather separated, some attached to the post and some not attached to the post, and by accident some children were playing around the vials or water reservoirs at Wahiawa and in their playing around they found a dead Korean body--decayed body--in the water. We determined that it was probably a Korean or, perhaps, a Japanese but he was so disintegrated that it was pretty hard to tell.

At any rate, somebody had the idea that he might be spreading germs of some kind and they took some specimens from his body and found that he had still evidences of a typhoid infection and they cultivated it and proved that it was typhoid contamination from that source, which relieved me completely from the responsibility of having been neglectful in my duties.

I stayed there until the end of 1917, then I was transferred to Tripler General Hospital, out at the old Tripler, not the new Tripler. I was transferred there and I did eye, ear, nose and throat work in that place. Dr. Rogers, who was the ophthalmologist or eye man in Honolulu, came to see the commanding general at Tripler Hospital and said that he was sick and had worn himself out from hard work and flu and loss of weight and they wanted some help from the military to take care of the eye work here in Honolulu. Colonel Bannister, I believe it was, assigned me on a half-time basis to work out of Dr. Rogers' office and take care of the civilian population. I had a half a day, beginning at noon or shortly after noon, at Dr. Rogers' office and I continued on that until the end of 1919 in part.

Dr. Rogers then came back and said that he could carry on with his work and so I was relieved and about that time I came to the end of my service and I was sent back to my home in Chicago for discharge from the military service. I was sent to Des Moines, Iowa for this process then went on to Chicago at the end of 1919.

I had been away from the rigors of the temperature and cold climate and so on, freezing weather in the Chicago area, so long that when I went back to see what I was up against I decided that instead of following through with my plan to locate in Chicago, near my home, I thought I'd come back to Hawaii where I liked this climate and I did. I came back here the first of 1920.

M: And you spent that intervening time doing graduate work or something in your specialty [in Chicago].

P: Yes, I went to the eye-ear infirmary there and did some studying and refurbishing. It was very limited because it was only just individual work in observation because there were no formal courses, except that I was going to take the

courses that they had at the county hospital there in Chicago but it was only sporadic. It wasn't really formal education. I worked in the offices and in the clinics and that's when I decided that I just couldn't take that kind of weather so I came back to Hawaii.

M: Let me check this. (recorder is turned off and on again)
It's doing fine.

P: That was quite clear, I guess. All right, now what else?

M: Let's see, that brings you back to Hawaii and you've explained why you returned.

P: I took an office in the Young Hotel Building and started to practice there.

M: Was it rough going at first?

P: No, I had plenty of work to do because I had been here long enough to have established quite an acquaintance and I really went right to work. No trouble. But there was no eye, ear, nose and throat man here and I had had some training--considerable training in eye, ear, nose and throat--by order of the commanding general and also later in Vienna and different places that I'd been. So I went into the eye, ear, nose and throat--the larynx, laryngology, laryngoscopies, such things as that--and I was the only one who was doing that here excepting one Dr. [James] Morgan who had come about four or five months before. He had established a practice there but still there was plenty of work for me to do because I had concentrated on the eye. I went right to work and I've been busy ever since. Now what else?

M: Well, right away you got assigned to this, being the eye, ear, nose and throat man for the leper settlement.

P: Oh yes. Well, I made my first trip to Molokai at the invitation of Mr. Robert Shingle who was a senator of the Territorial Legislature. It was a territory then. At his invitation I went over there just on a junket trip to see the place because of curiosity because I had always heard of Kalaupapa and I wanted to see it. I went over with him on that day he and a bunch of other budget men went to fix up the budgets for the leper settlement for leprosy. They asked me if I'd like to go there and take an interest in it. That's what their purpose in asking me was. They needed a doctor over there to go over this stuff and so they asked me. Just happened by accident that I was here

and foot-loose more or less. I went over there and I said, "Yes, I'd like to" and so they assigned me the job of going over there on call for a few days at a time or a day at a time. I couldn't even count. I've been going over my records to see how many times I've been over there but it's just impossible because I've been over there for half a day and a day, sometimes a couple of days. And when I gradually got into the field, I found all these deformities of the eye, ear, nose and throat, particularly the ear and the nose, because leprosy--tuberculoid leprosy--seems to affect the patient's loose skin as exposed to the cold air, the theory being that the temperature of the skin was lower and, therefore, patients would get leprosy around the nose, throat, the face and external ear. In the process of developing their leprosy they had a paralysis or paresis of the nerves--some of the sensory nerves that detect temperature and the motor nerves which control the movements of the face, the eyes, the brows and so forth. They have lots of paralyses of the external eye muscles that surround the eye secondary to involvement of the orbicular nerve and they couldn't close their eyes. Because of this and the involvement of the corneal nerves they developed leprous lesions of the cornea. When they'd get a foreign body in their eye, they didn't know they had a foreign body in their eye and they developed an ulcer.

M: And they wouldn't blink their eye.

P: They couldn't. Well, they couldn't get help. They weren't aware there was anything wrong because the eye was half blind or, if it wasn't blind, they just didn't feel that foreign body and they couldn't squeeze their eyes because they had lost, by paralysis of the disease--that is, the neural type of leprosy destroyed the ability of that motor nerve to close their eyes and blink to keep their cornea moist, also to wash away the foreign debris that collects in anyone's eyes--dust and dirt.

I did a lot of that surgery there by restoration of the orbicular muscles and by transplants and all of that; also transplants of the nasal deformities. I took the skin from different parts of the body and transplanted it to the nose.

M: The outer nose?

P: Outer nose. Built up some noses. That wasn't very successful because I couldn't stay with it and follow it up, but it did work. It worked very well. I have plenty of photographs, thousands of photographs, of all that work that I expect to get out if I ever get some time and put

them together and consolidate them into one field, separate one from the other, but that has not been done because I just haven't had the time. That's the story.

Of course, I then became interested in health affairs here and, in the meantime, I was appointed to the Board of Health by the governor of the territory. I've had two sessions with the Board of Health of five years each; a total of ten years with the Board of Health. That's why I came to know how incompetent and insufficient our public officials are, because they didn't know much about their subject but they had a job and that was their main interest. I had no such job and I never was paid for it. It was all done for God but I didn't tell anyone.

I visited the leper settlement many times over a period of twenty years, sometimes staying there for several days to perform surgery.

M: And evidently there's no danger of your contracting it yourself?

P: Yes! You ask about the danger of contraction, naturally I was scared to death, because when you go over there and look at those unsightly, deformed bodies with their lost fingers and toes--usually the extremities--and their noses and faces and their terrible condition, why, I was always scared. And I was meticulously careful to avoid exposure and when I was working around it I always wore gloves. In fact, I wore gloves most of the time when I was in the classroom environment.

On some occasions I took nurses from my office to Kalaupapa to help me do some of the surgery of the face and nose and ears. On several occasions I did that but we always stayed a day or two. Once I was over there for four or five days and there alone and then when I collected the kind of cases I wanted that I thought I could do, then I had a nurse go there with me to stand by as a scrub nurse; and they were my own office nurses, my own staff, because by that time I had developed quite a staff in my office and had a big business. I'd have nurses go there with me and they were glad to go. They were as scared as I was. Oh, I don't mean scared but they knew they were handling dynamite and knew that you couldn't sleep very well at night because you had a dream of picking it up and you didn't know how. Nobody knew. We didn't know much about it then. We don't know much about it today but we do know that leprosy is not as contagious just by contact with a leprous patient if you observe the rules and common knowledge and decency of being clean and not being contaminated. Of course we were living in the clean compound over there where they only had clean people, non-lepers. We lived there but all around us were the cottages and the

homes where these lepers lived. There were about three or four hundred lepers at the time when I first started going there.

But with education and hygiene and care and all of the things that go into making a good healthy living, we have cured leprosy over the whole territory by this hygienic control. At that time, or before that, the Board of Health and the government here in Hawaii were hauling these loads of patients over there in an advanced state--these people that had been living in the territory here in some isolated section and just were not in circulation so they didn't collect them. Well, they didn't bother about collecting them until finally, with the money the legislature appropriated, they were able to hire the staff to find these lepers.

They had a public notice in the newspapers--I have forgotten the date--and by word of mouth and through the health officers and doctors, everybody, they knew where these suspects were and they'd go in the byways, beat the bushes, and bring them out. We took over there--I've forgotten now but it seems to me the boats went over there at night. We'd usually leave here in the afternoon and get there in the morning. We would take over as many as fifty at a time, seventy-five, sometimes it'd be a hundred.

M: Wow.

P: And as fast as they died over there in Kalaupapa, why, more of them developed. Of course we were beating the bushes and trying to get all of these people out of the hidden places because their families would hide them. They were living with their families in these remote islands, in the mountains and hidden away. Now you couldn't hide away. They don't want to because the government takes care of them. They put them over there and feed them.

Also, at one time they didn't allow the lepers to take their family with them, but a lot of these lepers that we collected here locally in Honolulu and from the other islands were more or less dependent upon somebody from their family to care for them because they were helpless. And their way of life made them helpless because they couldn't get out where they could take care of themselves but, in the process, became feeble and diseased and sick and just a care.

Well, finally they decided that they'd remove that barrier of sending the leper over alone and just dumping him on the shores of Molokai. They got over that and decided they'd let kokuas--K-O-K-U-A-S--go there; kokuas who

were clean. The name in Hawaiian is helper, but they were clean people--they did not have leprosy.

That was the beginning of the sending of the clean people there to help care for their own people, and they did. The more of them that went, the more pleasant it was for them because they developed their own community over there so that Kalaupapa was probably a thousand people. Seven or eight hundred. The majority of them were patients but more and more of them took their families over until the government had taken care of hundreds of people there, no expense to them. They [the government] paid them and they just squatted there. These people got ten dollars four or five times a year, just for jingling money in their pockets, but the rest of them didn't need it.

They had doctors over there later. Dr. Tuttle, Hildebrand, and men like that were over there and that was the beginning. There was a doctor there when I first started to go over there. They had a doctor just assigned there who was on a salary. He was a good doctor, as good as they could be, but actually it didn't have any effect on the leprosy. They weren't treating yet, they were just taking care of the people over there as a whole, spending their time cleaning their wounds because they had lots of sloughs and infections and all that stuff.

M: Oh, it must have been depressing, huh?

P: Oh, it was. Makes a Christian of you all right. Makes you want to live away from them. Well, of course, for a long time I'd examine my hands and look for signs of leprosy in myself because we knew it was a slow process.

There was one man over there who is still living there, I believe, who was quite influential with the auxiliary. This man said that leprosy is not half as infectious as a common cold. Well, the comparison was odious because you'd have a cold and it was a self-limiting disease. It would last for a week or two or three, then you'd get a pneumonia out of it but you do see signs of its getting well. But this man was comparing the contagiousness of leprosy by exposure to the contagion of a cold. It was a kind of an odious comparison but it was true that you could expose yourself in a group of people with colds and you'll get a cold.

You can expose yourself with a group of lepers. If you do it strongly enough and have the intimate contact and live under the conditions--the dietary, hygienic and all that--you'll get leprosy; excepting, Hawaiians are, of course, more vulnerable to leprosy than Caucasians for some reason, probably because we saw they weren't living a very hygienic life and they were very happy-go-lucky people and careless in their habits, not hygienic. They

didn't pay any attention to the kind of food they ate and lived very intimately and crowded because they didn't have any money and they just lived in hovels, holes, and packed in wherever there was a roof that they could get under. So they were living in a very intimate, close relation. Their morals were not too--well, it wasn't bad; they just didn't have the morals that we have today. They were living with three or four men and three or four women together. That was the way it was when I came here. It's getting better but there're still fragments of it. I saw plenty of it over there.

Of course as time went on their better living conditions, better hygiene, better food and cleanliness of the body were beneficial. They just naturally got better. Well, they've had all these remedies but we have not found the cure for leprosy. [Recently, several drugs have been highly successful in arresting, if not even curing, this disease. ^{ed}O.D. Pinkerton, 1980]

M: There really isn't anything.

P: Not yet. Oh, we have a lot of pseudo-scientists because most of your government employees are pseudo-scientists. They're not trained men; they're not skilled individuals; they're not finished at all. In fact, the less knowledge they have, the louder they speak. You ask many of the doctors who wouldn't be exposed to leprosy under any conditions. He's as scared as I was. He knows all about it but he doesn't. No one knows all about it. It's a very, very difficult disease to understand.

A person may have leprosy and arrest himself because of his natural immunity. Complying with all the rules of life, a person may have a natural immunity so that a man can live with a leprous woman and go through all the stages with this horrible degenerative disease--all the excretions and ulcerations of the face and the body--and a man or a woman, either one, can go through life and come through without the bothering of leprosy.

We don't know whether, perhaps, after you study him carefully, by blood cultures and blood studies as we have now in modern times, that we wouldn't have found many of those people have had the leprous bacillus in his blood stream, but he was immune enough so that he didn't break down with it. Now that is only a theory. We don't know that's so but it's a good supposition because it's a long time in developing. Then there are cases that will have a streak of leprosy and go through all of the steps of the early leprosy and get over it and never have it again, but that is very unusual. Very unusual.

The leprous Hawaiians and certain races, especially

in the tropical countries, [are more prone to leprosy], I think, because the humidity and the squalor, poverty and disrespect for hygiene and all that, encourages it. Then there are others that don't need much exposure and they'll get leprosy.

And they think now, today--the modern thinking is and it's been proven by their studies on animals--that. . . . Of course, they've never been able to transplant leprosy--transfer it from one person to another by artificial means--and you don't know. You do an examination of the blood and the plasma and all that and you still don't know if this patient has a form of tuberculosis, because the organisms have a certain structure that is the same under the microscope. But we know there is no disease in mankind where an organism other than leprosy would ever invade nerve tissue. If found in the nerve you know that's leprosy because no other disease has ever been found in the nerve tissue substance.

Well, we talk about the nerves. Well, there's the orbicular nerve around the eye from the facial nerve. Those nerves, when they're infected with leprosy, become very large and you can stand off ten feet and trace a nerve and its distribution on a leper's body and you can always see it. Sometimes the ulnar nerve here, for instance, is so big it stands out like a rope, as big as my little finger. Same way with the popliteal nerves and the great auricular nerve near the ear. You can see them and follow their course by looking at them. Just palpate and trace it right down into its distribution. That is leprosy. That is caused by the implantation or the ingrowth of the leprous organism, the bacillus leprae, into the nerve. If you find the bacillus leprae in the nerve, then you know it's leprosy.

END OF SIDE 1/1ST TAPE

M: Now let's see. Since you started off talking about the Board of Health a little bit, could you tell me some more about your experiences.

P: Yes, I've known many, many people that represent the Board of Health and a lot of them are very good but you always have the hanger-on that wants a job and he quickly gets away from the practice of medicine. He just sits there and occupies his position. He's not a scientist in any sense of the word; he's a political scientist. It's a political

job.

M: How did you come to be assigned to the board?

P: Well, I was interested in health affairs. In the meantime, I became attached to the Queen's Hospital early. I was one of the earlier men. I was the first man here in ophthalmology that had any curiosity or ambition. I was curious and interested in research.

M: What were the health problems that you encountered?

P: As more men came to town, why, I was here on the staff and made chairman of the medical staff in the eye, ear, nose and throat field and I assigned the various doctors that came here to the various positions in the clinics because then we had big clinics over there in that end of the hospital, way over across the compound.

M: You don't mean across Beretania [Street].

P: No, no. You just get out here and go out on this street that comes down from Beretania--that's Punchbowl [Street] --all around there. That's where the clinics were. The old buildings down there, that's where the old hospital was. The hospital in its development came this [Diamond Head] way.

M: I see.

P: It didn't cross Punchbowl Street; it stayed on this side of Punchbowl, although they had some residences over there for the staff and all that across the street. Those are all gone now. They've been torn down.

M: Were these clinics free?

P: Sure.

M: Oh, I see.

P: Free clinics and doctors did voluntary service there and didn't charge in the clinics. I had the job of assigning these various doctors to what they'd like to do within my field. I, personally, wasn't very active in it my last several years.

There's a clinic meeting today in oto-laryngology and one in ophthalmology at the Queen's Hospital. Today is the board meeting at the Queen's Hospital. I was a member of the board for twenty-four years.

M: This clinic work that you were doing, that was in connection with Queen's, not the State Board of Health or the Territorial Board [of Health].

P: Well, it was Board of Health. It was all tied together. They work together. They didn't have any clinics in the Board of Health, excepting outpatients just going by and getting medicine and things like that. They didn't do much actual practice, no. The only actual practice the Board of Health did was in connection with leprosy, where they had clinics down at Kalihi--Kalihi Kai on Kalihi Street. There was a clinic down there and that's where they had their outpatients. That's where they collected their patients before they sent them to Molokai. On Kalihi Street. Now their outpatient service for the lepers is out at Pearl City. It's Hale Mohalu out in the Pearl City area. They built a fifty-bed hospital but they have very little use for it.

M: Did you ever have anything to do with the plantation hospitals?

P: No, not directly, excepting with our relationship with the doctors. I have gone to many plantations and seen patients for them, both here and on the other islands, but that was a long time ago. They had pretty good doctors. All of those plantation doctors were pretty good men. They may not have been skilled in any special field but they certainly were good men, all of them. The best friends I ever had. And they were the ones that gave me so much knowledge--or not knowledge but conversation--on the kahuna. We had, in the old days, lots of kahunas.

M: In 1920, they were still . . .

P: Oh yes, there were still kahunas.

M: . . . active.

P: Yeh, um hm, although the kahunas were kind of pushed in the background because they were only spiritual [practitioners]. They didn't do anything but pray you to death or pray you alive. You know, it's kind of a wake deal and when the people were very sick, well, the kahunas were working on them, using their spirits and mumbo jumbo that went with it. I know, in several instances when I have treated patients, usually older people who have had long, continued illnesses like tuberculosis, cancer and leprosy --I have treated those patients--they were my patients--and I'd find out afterward that they were in the hands of a kahuna. A kahuna was working on them too. He was tak-

ing care of the spiritual side and I was taking care of the physical side--mental and physical but he was doing the mental stuff too. It was all hocus-pocus, you know. They have a very strong belief in the old superstitions, the old gods, and they have a spirit world.

For instance, when they had these epidemics over here in the old days, way back in 1800 and 1825, they were big epidemics and there were a tremendous number of people here. Those epidemics were very vicious and killed a lot of people and leprosy was one of them. They would take those bodies and bury them, of course. They incinerated a few kind of crudely but they buried them and usually superficially. In places where they didn't have enough burial space and time enough to bury them--there were so many people dying--they took them out to sea. The leprosy people and the old Hawaiians call that the spiritual burying ground. They'd take them out in waters that were fairly deep, closer to shore, and dumped them in there--these bodies--for the sharks to destroy. And they tell me--this is all conversation--that they've gone down to find out if some of them are still there, and under the sand and gravel and dirt and volcanic changes under the sea there are still a lot of old remnants of bones that had been buried. When they excavate down there, they find old skeletons. That was the spirit section.

Then they buried these people in caves or up in the valleys. Over in Iao Valley on Maui they have a sacred burial place that is marked. It's known; it's described. And several other places. On the Island of Hawaii, they have them in the mountains, always off the beaten path. Of course you know there weren't any automobiles and where they'd hide these things was in the brush. They crawled down from the brush. And you get up in those caves and there are burial grounds there, right here on this island.

M: Um hm.

P: Same way with all the islands, because in those days this place was heavily populated with the old kanakas--the old Hawaiians.

M: Did any kahuna ever interfere with your practice?

P: No, no. They were tabu. They were ashamed. Not ashamed. That isn't the word but they call the word shame. "I shame. I shame." They were sensitive. They worked quietly. They didn't work in close relations with their peers or even their superiors. They were very, very sensitive. Those kanakas were very sensitive souls.

I know a couple of kahunas. I can call them up. I

already did and they were in the act and they got paid for it but they didn't get money. I guess later on they did but they didn't get money in those days. They didn't have money, they only had goods--tapa cloth, chickens, pigs and animals, dogs. Lots of dogs. These kahunas got paid for their witchcraft with so many chickens and if he was a member of royalty, boy, they got plenty. See, those were the days of the chiefs and the chiefs of every little province, each island and each cult. . . . Every island had its cults. They had a leader. He became a chief and they had a royal family and the first son of the royal family that was born was next in succession as the boss of that sector, the whole locale. They didn't know anything about Waialua, for instance, except that they got there on horseback or on foot, so that became a separate section, a separate jurisdiction for kahunas or the chief--the boss--but the chief wasn't a kahuna. The chief was a person that was born of this royal family who was the leader of that outfit and then became chief. Some of these chiefs became very educated and were skilled and they also became kahunas but most of them were not. The chiefs, most of them, were just satisfied to be the chief of the tribe, of the dialect. They didn't know anything about their neighbors. They didn't know anything about the neighbors on the other side of the island. They didn't know anything about the Hawaiians on the other islands as you'd expect. Anybody that got over to the other islands went over there by canoe--manpower--and they didn't do that very much because the canoes were hewn out of wood and weren't heavy--flimsy, so there were very few people that ever got to the other islands. It's only twenty miles over to Molokai--twenty-five miles--and nobody knew anything about Molokai.

They just found this little slip of land over there at Kalaupapa which the government gave to the lepers; just took them over there and dumped them off. That's why I say that's where they propagated the leprosy over there because they just wanted to get rid of them. They were a horrible nuisance. They just gathered them together and put them all in a little boat and sailed them over and dumped them off, very much the way they do it now. The old Mauna Kea, Mauna Loa, Kilauea, all those boats, I've been on all of them. There's one of them over there on the reef now, lying on its side. One of those inter-island boats lying there since 1927, I think, on the rocks over there.

M: I gather you didn't think the lepers were treated too charitably.

P: Not in the old days, no. A leper was a condemned person and that's how they got rid of him. He had a contagious

disease and a horrible disease and they didn't want him around to look at. That's why they gathered them up.

M: Um hm. Yeh. Let's see. Oh, something I read in your story there was about the American College of Surgeons.

P: Yes.

M: Here?

P: Well, there's a chapter here. I was the first American College of Surgeons man here.

M: Oh, you were?

P: Um hm.

M: This was in 1929, according to your note. Why so late in the day?

P: Well, the American College of Surgeons had just come into being in about 1920, I think it was.

M: Oh, I see. I assumed it was an old, old outfit.

P: No, not the American College of Surgeons. American Medical Association is older than that because that was for all the doctors.

M: Uh huh. You were the first fellow.

P: Um hm, I was the first fellow of the American College of Surgeons and I represented the American College of Surgeons all the years, for years and years, as secretary.

M: But you got more members over the years.

P: Oh yes, we have seventy or seventy-five. There was Dr. [George F.] Straub. He was also a member of the American College of Surgeons but he came after I did.

M: He what?

P: He came after I did. He was here before I was but he became a College of Surgeons man about that time. There was myself and Dr. Straub and Dr. Judd became members of the American College of Surgeons. I think Straub came in shortly after I did as a college member. But it never grew because there was friction between the top men. I was a younger man. Oh, Putnam. Dr. Putnam was also a member of the college about that time. [See p. 24]

M: Let's see. I've got one more question here which is about the Blood Bank. You said you got the idea for the Blood Bank or started thinking about it a long time before 1940.

P: Oh yes.

M: I was curious to know where you got the idea for a Blood Bank.

P: Well now, you're getting into a field I don't like to talk about because it's all classified stuff but I can mention this: that I was appointed a member of the (long pause) Intelligence Service way back and because of that position I was in a confidential position, more or less, and I knew through my meetings with surgeons of the government and so forth, close to the bureau, that there was friction between Japan and the United States a year or so before it ever happened.

So I got the idea that one of these days we were going to have a disaster here. And then we were using blood in sporadic cases for transfusion purposes but not very many. That was in 1939. In 1940 I began to talk about the need of having a Blood Bank here to meet emergencies. It was all a dream. I had no idea what the emergency could be excepting war and so we'd use blood in those cases, as was being done elsewhere in a very small way. But I couldn't talk about wars or disasters; I just talked about any disaster--storm, plague, and all the rest of the things that happen. That was because I was associated also with the Chamber of Commerce. I was made chairman of the Public Health Committee of the Chamber of Commerce.

At that time, way back when, there was only a slight amount of money in the treasury of the Chamber of Commerce in Honolulu and they organized a Public Health Committee where much of our money came from and that came from a tax of ten cents a ton on every ton of freight that was brought to the shores of Honolulu. They had different rates for different kinds of things but ten cents a ton, we'd speak about that as a dole. The people that imported goods here had to pay ten cents a ton and that went into the Chamber of Commerce.

M: It didn't go to the government.

P: No, that was the Chamber of Commerce that evoked that tax. I was chairman of their Public Health Committee and that money went to the Public Health Committee for health purposes because we were still fighting--we had a quarantine here. This was a quarantine port in those days because we had diseases coming in from all places. They collected

that money and I wouldn't let them spend it for all these crazy things that they're doing it for now--investigative works.

On my desk here now are some reports that I just got out because of the last meeting of the Public Health Committee. There were all these requests for money from the various bureaus--government bureaus, chiseling in, trying to get free money, grants. That built up to \$1,500,000 during my administration while I was in charge. I wouldn't let them spend it for anything excepting real emergencies. Built up to \$1,500,000 and that remains that way today. That money is invested in stocks and earnings and we make about seventy-five to a hundred thousand dollars a year.

M: What do you do with the income?

P: Well, we now are dissipating it. We don't use the principal at all. That has never been touched. We are using the earnings from that \$1,500,000 to underwrite the costs of whatever we're going to do--studies, investigations, funding of staff, carry on the quarantine philosophy which we started out with way back in the old days. But now it's used for investigations of diseases, research, all of that.

M: How did the Blood Bank get funded? Was that funded in part by that?

P: It started out that way because we had to have equipment and supplies and I was chairman and I was able to arrange for that. I think the first grant we had was \$1500 and the next one was several thousand dollars and finally it got on its own. We got the Blood Bank going.

M: Uh huh.

P: We had to buy a lot of expensive equipment and we had to have a place to work. We worked at the Queen's Hospital on the other side over there--the clinics over there on the other side. And we were going, we had our clinics going with all things when the war came on. We weren't surprised but we didn't know when it was coming. But I, in my position with the Intelligence Service, knew that there was some trouble. I didn't know what it was and nobody did. Nobody knew when it was going to happen and even the powers that be didn't know. They were just as much surprised as could be when the Japanese came in here with their ships and started to blow us up on December the 7th.

M: How did you get involved in this military intelligence

thing? Or medical intelligence or whatever it is.

P: No, this was not medical intelligence. I was appointed out of Washington.

M: Oh, I see.

P: There were about eighteen, I think, of us from eighteen or nineteen parts of the country that were the nucleus of an intelligence work team in the field. They were not in medicine. I just happened to be.

M: Oh, I see.

P: I just happened to be appointed in Washington, out of Washington. It never has been organized properly; it still isn't. Now it is, of course. It's taken over.

M: What's that? What's taken over?

P: The Bureau of the Intelligence Service. Military intelligence is all amalgamated into one. At one time it was only a very small, insignificant group of individuals that were appointed.

M: What was your function supposed to be?

P: That's just where the story comes in. You see, I was here and I had a lot to say about what was going on intelligence-wise in some of my reports to the services. Of course, I was in the military too. That's how it came about. It's practically dissipated now, excepting a few of our correspondents who report right along regularly on intelligence matters here, not as much as I used to. I still have to make a report. I think by the end of this year I'll be through with it entirely. I expect to be and they promised I would be. I've been trying to get out of it. I could get sick and just quit, that's all, but I don't do things that way. Stay with it.

M: Well, all this time that you had to be responsible for the lepers over there and you had your private practice and then you were in this intelligence thing and then you started the Blood Bank and you've been the director of the Blood Bank ever since. And you continued your private practice at the same time.

P: Sure. That was very hard. I didn't have very much time to jazz around.

M: I bet you didn't.

P: Of course, it wasn't as complex then as it is today because there's so much paper work and red tape involved in making reports.

M: And the Blood Bank is today an independent entity.

P: Absolutely.

M: It doesn't belong to the government; it doesn't belong to Queen's Hospital.

P: It doesn't belong to anybody. It's an independent organization. Organized and has its own board and everything.

M: Is it sort of a non-profit--what do you call it?--corporation?

P: Well, we've built up a little reserve at the Blood Bank because we have all these experiments going on and we have a very extensive staff. I've forgotten how many there are here now--about fifty--doing all this blood-typing, taking care of all the blood through the whole state. This is the only independent Blood Bank in the world. The only Blood Bank that's independent. Of course lots of people are seeking that credit; like to be in that category, but they're not. We were the only independent community Blood Bank. We started out and organized that way. We have no relationship whatever with any other service entity. We have our own board and our own procedures. We carried it on and have supplied to Blood Banks all over the world a great deal of information; a great deal of stuff. Many of the Blood Banks that came in years later patterned a lot of their activities on ours. Our method of operation in all of the clinics of Hawaii Blood Bank, if it were all written up, is part and parcel of the Blood Banks in many of those in the western part of the United States. Even in New York, we sent them all of our organizational material of what we did and it's all patterned after this. Of course, about that same time other Blood Banks were in the act too, particularly West Coast Blood Banks and Arizona. There're a lot of good banks there. Los Angeles has them.

END OF SIDE 2/1ST TAPE

BEGINNING OF SIDE 1/2ND TAPE

But blood-typings. We had to have a blood type. I think everybody in this territory is blood-typed--in the state--and that's all free. And if they want the benefits of the

Blood Bank and they want to use blood, they have to send in a donor or come in on their own and volunteer. We have a day army of people in the business of the Blood Bank who volunteered. And then we have these rare types of blood now, we've found out, and you just can't give a dose of blood to Tom, Dick and Harry. You've got to work out some of the types. This is dangerous. You can't give a person the wrong type of blood. We found out that, well, in that time of course they knew a lot about blood as Types A, B, C and universal--the O's, but now we know that people who are universal blood donors, the O-Type, several people can't take plain O-blood because he has a different kind of blood--a different kind of O; different sensitivity. So you have to be sure that you're giving a person his own type or it'll kill him.

M: You mean you can narrow down his blood-type more than just O.

P: Oh yes, yes. You've got now your O and your AB and your B's.

M: Yeh, but I mean if you're--like I've got O-blood and you mean O's are not all the same, is what you're saying.

P: Well no, because you have the Rh negative and the Rh positive. There's an Rh factor in there. You can't give an Rh positive to an Rh negative person.

M: Um hm.

P: You can give an Rh negative to a lot of people. They're rare. They're rare and we have to keep them separate. We don't find very many Rh-O-negatives. They're limited in number. We usually keep them for typing purposes and for the emergency of that particular narrow field of blood. We have them all catalogued so that we know you can't get Joe Blow in because he's got a different kind of type. He might be a Type A. So what we have now--Type O as universal--but we have many circles in Type O--factors. 'Course it's highly refined now and there's no risk at all now like it used to be.

M: Did you used to have some mistakes?

P: Sure. Not mistakes in our typing but mistakes in giving--not having enough typing done before the days when they knew all about the types. They knew about a few with simple A, B, A B and the O's and all that--they knew that--but all this refinement has occurred in the last ten or fifteen years. We keep on finding now we have all kinds

of types. It's really quite an operation.

We had a suit against us in Saint Francis Hospital here a year ago--three years ago--and it came to trial last year, this last summer. They sued for \$400,000 against us because this person claims that she had been given (coughs) a disease called hepatitis by the use of hepatitis blood. Of course, people now come around with liver disease and we have to find out which ones have hepatitis and we have tests for it now. We have to keep on testing because you can be free of hepatitis today and then pick up some infection and become a carrier of hepatitis and it really can kill people and cause lots of trouble. Give them hepatitis anyway and they die from that. They don't always die from mistakes in blood transfusion; they just die from the intervening things that occur--febrile conditions, mysterious diseases. We won that case without any trouble because the donor--now here's a sample. How do we know that we didn't give that person hepatitis? Because the only blood she got from the Blood Bank here was from a Type-0 person that had given before. It would have been used. The blood has been refined, re-typed and all of that and we knew all the components. And he gave blood afterwards, so he gave, say, thirteen doses of blood over a span of three or four or five years. This is the only person that claimed to have hepatitis. Patients that had gotten blood from him before and since never had hepatitis. They learned a lot just from that trial because we had all the experts in here and were able to show what comes in with this patient, because he was giving blood a week before or a month before. I don't mean a week because we don't do it every week. Only three or four times a year do we take blood from that individual. That's to protect him. We could get it a lot more often but we protect the person and we keep him sacred too. We won't let him give blood to the man on the street. He can give blood through us. We only give it to that particular person that that particular blood is indicated, so he's a kind of a sacred cow (Lynda chuckles). If he comes in, we won't allow him to give blood. His blood is ours. We type him and we guarantee it. We don't allow him to be used for a dog case. Does that answer some of your questions?

M: Yeh, it does.

P: Do you think I've given you a little idea of . . .

M: Yes, you have.

P: . . . research and so forth.

- M: I was wondering if maybe you could offer any interesting or amusing stories from your practice, especially back in the twenties when you first started.
- P: Sure, I can talk all day and all night (Lynda chuckles) about my experiences. I wouldn't know where to start. I've had so many.
- M: Yeh, I'm sure.
- P: And you just count them off and they become deadly routine but at the time I guess you were kind of worried and excited. Naturally, when you give a blood transfusion to somebody, he goes into shock, has a convulsion and all of those things, why, you begin to suspect your transfusion. Sometimes it's that and sometimes it's the disease--something for which you gave the blood for.
- As a matter of fact, that way of life has always been on the anxious seat, always, because a lot of the stuff we were deciding were things we didn't know about. You had to use the best judgment you could. The main thing is: if you don't know what to do, don't do anything; but none of this gambling business. If you can't be sure, you don't do it.
- M: Was your specialty very well refined when you first started?
- P: Eye? Eye work?
- M: Uh huh.
- P: It was for those days, because I went back to Vienna in 1927.
- M: Yeh, I've got that down here somewhere.
- P: Spent nearly a year there and that's the foremost place in the world for ophthalmology. I left with my daughter and a little niece and my wife and went back to Vienna and did a tremendous amount of work.
- Well you see, when you're in a place and you somehow unconsciously wake up to find that you have something to say about it or you have some control over it, it inspires you to be awfully careful because authority that you have is yours you have earned. You have a very sacred regard for the accuracy of these things and I've always been in absolute, rigid adherence to that accuracy. Always. My greatest grief is to be sure that I'm surrounded with people that aren't putting me over the barrel. My own staff here are very highly trained and trustworthy. Don't think

I did all this alone, you know. There's nobody around that's living today that's had the background in the field all these years.

M: Um hm. Did you make any observations about Honolulu in general and the medical practice in Honolulu over the years?

P: I think I have. . Yes, I think I have. I think it's progressed; it's ahead of most of the communities, excepting big cities and their organizations. But the practice of medicine in Hawaii is very superior. We've had some very superior people come here and they've had the advantages of pioneering a little bit.

M: Um hm.

P: There are doctors that think that they have to give an opinion. They talk a lot but actually they don't know.
I could have made a million dollars in the practice of medicine and today I'm a poor man because all of these things that you innovate you have to pay for. So I paid for them. I wouldn't want to guess how many thousands of dollars I put into these various venturous activities--searching, developing organizations.

M: When you first came to Honolulu, were there enough doctors?

P: Well, no, there weren't. There weren't enough doctors to practice then as we are today because the practice of medicine today is a highly complex thing but, as I say, some of our best doctors were on the plantations. They were good doctors to begin with and they had responsibility and they worked very closely with those who were in private practice. I was just writing a resume of some of the oldtimers, a fellow by the name of Dr. Hubert Wood out at Waialua. He was very close to us and he was always surrounded with kahunas (Lynda chuckles) and all that stuff and we'd talk about that a lot. And they're all gone.
C. B. Wood. Kitredge. They were our oldtimers here.

There was only one man at the hospital when I came here and he wasn't doing anything like what I did when I went in because he was an elderly man then, but he was a brilliant man and a very fine gentleman. Those fellows had close connections with kahunas on the spiritual side. They were all around. There was Dr. Hodgins. He certainly did lift me up with the bootstraps lots of times. They spent most of their time cutting me down because I was enthusiastic about things and I could have easily begun to be a quack but I was controlled. I had enough sense to

heed and listen and learn what not to do at least. (Lynda chuckles) They controlled me very well. I had lots of good mentors. Wasn't lots but a few that I have lived with and loved and respected.

M: Were there serious health problems in Honolulu outside of the leprosy situation?

P: Always! That's why we've had to fight against the importation of plague, yellow fever, and all of these Oriental diseases. We've had to fight them and we're still fighting them constantly. More laterly, in the last twenty years, a lot of our leprosy has come in here from the Philippines and Samoa. 'Course a person can go along with leprosy for ten years and no one knows he has it--that he's a leper--then one day it grows up with all these unmistakable signs of the type of leprosy. Some people can go around carrying organisms in their blood stream and be dangerous, yet they look just like anybody else. Today we have to watch our port for the importation of all these diseases.

M: Did you ever experience an epidemic?

P: Oh yes. We had the Oriental flu here on two occasions in my time. Probably came from China; brought in here by Chinese. I marvel at the fact that they don't have more epidemics than they do.

M: Did they ever have a cholera epidemic since you've been here?

P: Yes, um hm. Well, that has been very carefully guarded against by our quarantine regulations and it does not do as much as cholera does in some of the Oriental countries, like in India, China. See, I was in China with my transport, principally as the transport physician. Nevertheless, we had all of those things to contend with.

The record is so loaded with material and dates and times and circumstances that no human person can carry it all in his head. (Lynda chuckles) Of course my memory is getting a little weary. Now I may be inaccurate about some of my dates and all that but it's all here. There's no reason for being inaccurate. All I have to do is have time to look it up for the facts.

M: Yeh. (long pause) Well, you certainly gave me a lot of your time, which I appreciate very much.

P: Well, it's been good for me. (Counter at 183)

END OF INTERVIEW

Transcribed and edited by Katherine B. Allen

Edited by Dr. O. D. Pinkerton, 1980

NOTE:

p. 14 Dr. Joseph Strobe was also an early fellow or member of the American College of Surgeons in Hawaii. ed Dr. O. D. Pinkerton

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THE WATUMULL FOUNDATION ORAL HISTORY PROJECT

In May 1971, the Watumull Foundation initiated an Oral History Project.

The project was formally begun on June 24, 1971 when Katherine B. Allen was selected to interview kamaainas and longtime residents of Hawaii in order to preserve their experiences and knowledge. In July, Lynda Mair joined the staff as an interviewer.

During the next seventeen months, eighty-eight persons were interviewed. Most of these taped oral histories were transcribed by November 30, 1972.

Then the project was suspended indefinitely due to the retirement of the foundation's chairman, Ellen Jensen Watumull.

In February 1979, the project was reactivated and Miss Allen was recalled as director and editor.

Three sets of the final transcripts, typed on acid-free Permalife Bond paper, have been deposited respectively in the Archives of Hawaii, the Hamilton Library at the University of Hawaii, and the Cooke Library at Punahou School.